

## Illinois Department of Revenue

## RMFT-5-X Amended Return/Claim for Credit Motor Fuel Tax for Distributor/Suppliers

Sequence no. \_\_\_\_\_ Station no. 564

Step 1: Identify yourself					Do not write	above this line.				
Name	Original reporting period/ Month Year									
Address	Distributor/supplier's license no.									
Number and street										
	Telephone no			_						
City State ZIP	As origin	ally reported	or adjusted	, Corr	rected amou					
Note: You must report your motor fuel in gallons. Convert liters to gallons	Column 1 Gasoline &		Column 3	Column 1 Gasoline &	Column 2 Special fuel except	Column 3				
by multiplying liters by .2641721. Follow our instructions for <b>each</b> column.	combustible ga		Dyed diesel fuel	combustible gases		Dyed diesel fuel				
i iiii your dotaar (oudit) iiii ditara bogiiiiii g or urb iiidiiiii iiiid	1									
amount must agree with closing inventory of preceding month's return.										
2 Write the number of gallons										
a produced, acquired, received or transported into Illinois tax-free (Schedule A, SA, or DA) 2										
b produced, acquired, received or transported into Illinois tax-paid (Schedule E or SE) 2	b					. <u> </u>				
c of combustible gases/1-K kerosene/alcohol sold for highway use (Schedule GA-1) 2	c									
3 Add Lines 1 through 2c. Remember to do calculations within each column.	3									
4 Write your actual (stick) inventory at the end of the month.	4									
5 Subtract Line 4 from Line 3. This is your net gallonage for the month.	5					· <del></del>				
Step 3: Figure your nontaxable gallonage										
6 Write the number of gallons sold to the federal government, etc. (Schedule B, SB, or DB)	6					· <del></del>				
7 Write the number of gallons exported from Illinois (Schedule C, SC, or DC)	7					· <del></del>				
8 Write the number of gallons										
a sold and distributed tax-free to a distributor or supplier (Schedule D, SD, or DD)	a									
<b>b</b> sold and distributed tax-free to other than a distributor or supplier (Schedule DD-1)	b ///////////	<u> </u>	<i></i>	<u> </u>	<u> </u>					
c of dyed diesel fuel you used for nonhighway purposes 8	c ////////////////////////////////////	<u> </u>	<i></i>	<u> </u>	<u> </u>					
<b>9</b> Write the number of gallons lost due to fire, leakage, spillage, etc. (Schedule F)	9									
10 Write the number of gallons of your loss due to temperature variation or evaporation										
or your gain due to temperature variation. Complete Line 10a or 10b per column.										
a Loss. The amount of losses you claim are limited. See instructions.										
b Gain.	b (	) (	) ()	(	) ()	()				
11 Add Lines 6 through 10b. This amount is your total nontaxable gallonage.	1									
12 Subtract Line 11 from Line 5. The amount in Column 3 should be zero.	2									
Steps 4 & 5: Figure your taxable gallonage										
13 Write the number of gallons sold and distributed for taxable purposes.	3					<i>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</i>				
14 Write the number of gallons you used in motor vehicles on public highways										
or for operating recreational-type watercraft on waters of Illinois.	4									
3 3,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,	5									
16 Add Lines 13, 14, and 15. This is your gross taxable gallonage.	6									
17 Write the number of gallons on which tax was paid at the time of purchase. (Schedule E or SE)1					-					
<b>18</b> Subtract Line 17 from Line 16. This is your net taxable gallonage.  RMFT-5-X front (R-06/03)	8		_		· ———					

Form RMFT-5-X Page 2			y		or adjusted		Corre		
Follow our instructions for <b>each</b> column.		Column 1 Gasoline & combustible gases		Column 2 Special fuel except dyed diesel fuel	Column 3  Dyed diesel fuel		Column 1 Gasoline & mbustible gases	Column 2 Special fuel except dyed diesel fuel	Column 3  Dyed diesel fuel
Step 6: Figure your tax		combustible gases	1	dyed dieser ider	Dyed diesei idei		illibustible gases	dyed dieser luei	Dyed diesei idei
19 Figure your gross tax due. If the amount of Line 18 is greater than zero, write									
the amount from Line 18. Otherwise, write "0" in Lines 19 - 21 within the column.									
a X 0.19. Write the result in Column 1, Line 19.									
<b>b</b> Column 2, Line 18 X 0.215. Write the result in Column 2, Line 19.	19	\$	\$	<u> </u>		<u>////</u> \$_		\$	
20 If you originally filed and paid your tax due on time, figure your collection									
discount. See instructions.	. 4								
Note: If you are increasing the amount of tax due, you <b>may not</b> increase the amour of your discount <b>unless</b> the increased tax due is paid on or before the due date	IL								
of the original return. If you are decreasing the amount of tax due, refigure the									
	20	\$	\$	;	[[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]	//// \$		\$	[[[]]]]
, , , , , , , , , , , , , , , , , , , ,		\$						\$	///////////////////////////////////////
22 Add Column 1, Line 21 and Column 2, Line 21. This is your tax due.		22				<i>···</i>   Ψ <sub>·</sub>		. Ψ \$	
Step 7: Figure the amount you owe			•	Ψ		-		Ψ	
23 Complete this line if you have a motor fuel tax (MFT) credit you wish to apply to Line 22,	tax	due.						Official use - do not	write in this box
MET credit no							L		
MFT credit amt. \$ \$ \$ \$ \$									
Add these MFT credit amounts and write the total on Line 23.		23	3	\$		_		\$	
24 Subtract Line 23 from Line 22.		24	4	\$		I		\$	
25 Total amount paid to date for this reporting period.					25 \$				
26 If Line 24, Corrected Amounts Column, is greater than Line 25, subtract Line 25 fro	m								
Line 24, Corrected Amounts Column. This is the amount you owe.					26 \$				
27 If Line 24, Corrected Amounts Column, is less than Line 25, subtract Line 24, Corre	ecte	ed						_	
Amounts Column, from Line 25. If you want to claim a credit, you must complete St	ер	9.			27 \$				
Step 8: Sign and date your amended return	Ċ							_	
Under penalties of perjury, I state that I have examined this amended return and, to the	be	st of my knowled	dg	e, it is true, co	rrect, and com	plete.			
Signature of person, other than taxpayer, who prepared this return  Date		Taxpayer's name							
Preparer's phone number		Signature and title of					Date		
Mail this return and payment to: Illinois Departm	ne	nt of Revenue, I	P	D Box 19019,	Springfield, IL	L 627	94-9019		
Step 9: Complete your claim for credit									
Complete Lines 28 through 30 if you are claiming a credit.	,								
28 Explain below why the amount for which the claim is filed is alleged to be a mistake	OT	fact or an error i	ın	iaw. Attach ad	iditional sheets	s if yo	u need more :	space to write in	
						Of	ficial use on	ly. Do <b>not</b> write	e in this box.
29 Are you a party to any civil suits involving the above amounts?yesno							t memo no.	.,. = 0 1100 11111	
If yes, what is the name of the suit?							t amount		
30 Sign below						Intere	est		
ough bolon						Total Verific	ad by		
Signature of claimant						Date	∍u υy		<del> </del>
							oved by		
Title (State whether owner, partner, or authorized agent)						Date			